

Case Number:	CM14-0101250		
Date Assigned:	07/30/2014	Date of Injury:	04/07/2008
Decision Date:	09/12/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	07/01/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgeon and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 43-year-old male who reported an injury on 04/07/2008 due to an unknown mechanism. Diagnosis was status post posterior cervical discectomy and fusion. Past treatment reported was physical therapy. Diagnostic studies were x-ray, MRI of the cervical and lumbar spine. MRI of the lumbar spine revealed a 2 mm anterolisthesis of the L5 on S1. Mild reversed ridging of L5. L4-5 had a 10% decrease in the height of the disc with dehydration of the disc. 2 to 3 mm posterior disc bulge with touching of the thecal sac and encroachment on the foramina. The L5-S1 had a 30% decrease in the height of the disc with dehydration of the disc. 3 to 4 mm posterior disc protrusion with encroachment on the epidural fat and foramina bilaterally. There was bilateral acquired foraminal stenosis. There was compromise on the exiting nerve roots bilaterally. X-ray of the cervical spine revealed no instability, discogenic disease at the C4-5. Surgical history reported was status post anterior cervical discectomy and fusion at the C5-6 on 10/29/2013. Also, a previous cervical fusion was reported with unknown date. Physical examination on 04/16/2014 revealed complaints of neck pain with pain that radiated into the bilateral arms, with numbness, tingling and weakness. The injured worker rated the neck pain at a 7/10 on the pain scale. He also continued to complain of headaches. There were complaints of lower back pain that was rated a 6/10 on the pain scale. There were complaints of pain that radiated into the posterior aspect of the left leg as well as tingling in both legs. Examination of the cervical spine revealed no tenderness to palpation, and range of motion was full, pain with extension. Motor strength in upper extremities was normal. Sensory on the right was intact to light touch and pinprick in all dermatomes. The left side was intact to light touch and pinprick in all dermatomes. Deep tendon reflexes right and left for biceps, brachioradialis, and triceps was 2+. Medications were Cyclobenzaprine 10 mg, Metformin, Benazepril, Simvastatin, Tramadol, Lyrica 50 mg, topicals, Naproxen, Glucosamine, Lipitor, and

Aspirin. The treatment plan was to schedule for neurology evaluation for the headaches. Also, an evaluation for pain management of the cervical spine, as well as the lumbar spine. The rationale was not submitted. The Request for Authorization was submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Pain Management Evaluation of the Cervical Spine & Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, 4/27/2007, pg 56.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the general use of multidisciplinary pain management programs Page(s): 30-32.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines state that chronic pain programs are recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. Patients should also be motivated to improve and return to work, and meet the patient selection criteria outlined below. There should be documentation of an adequate and thorough evaluation, including baseline functional testing so follow-up with the same test can note functional improvement. Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. There should be documentation that the patient has a significant loss of ability to function independently resulting from the chronic pain. Also, the patient should not be a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided). It should be documented that the patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change, and negative predictors of success above have been addressed. The injured worker does not meet the criteria set forth by the medical guidelines. Due to the lack of information, the medical necessity for this request has not been met. Therefore, the request is not medically necessary.